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A C A S E

OF

# MULTIPLE MEDULLARY CANCER,

COMPLICATED WITH

PREGNANCY.

BY

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TO KING'S COLLEGE HOSPITAL.

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## A CASE OF MULTIPLE MEDULLARY CANCER, COMPLICATED WITH PREGNANCY.

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I SHOULD hardly have ventured to bring the details of the following solitary case before the Obstetrical Society of London, were it not that examples of multiple cancer, complicated with pregnancy, are very far from common. It seems, therefore, the obvious duty of every physician to record even one instance of this disease, when he has the opportunity; so as to add to that gradually accumulating store of knowledge which is the property of the whole profession. In managing such exceptional cases, no practitioner can venture to trust to his own experience as a guide for treatment; but rather, while acting on sound general principles, it is incumbent upon him to remember and to draw inferences from the examples which have been recorded on various occasions by others.

Without further preface I beg to draw attention to the following narrative:—

On July 29th, 1862, I was requested by Dr. Thane, of Hart Street, Bloomsbury, to see with him, Mrs. C. L—, æt. 39, residing in Drury Lane. The poor woman was the wife of a very respectable working man, and was in comfortable circumstances for her station in life. She had

always enjoyed remarkably good health. None of her relatives had ever suffered from cancer; but there was probably a slight family tendency to phthisis—that is to say, all her half-brother's children died from pulmonary consumption. She had been married ten years; and was about five calendar months advanced in her third pregnancy. The first child had been born on October 12th, 1854. While suckling this infant, pregnancy again took place; and on weaning the child, at the beginning of 1856, she aborted, being three months advanced in gestation. After this accident the general health continued very good until May 2nd, 1861, when her child died from an attack of croup, and she was rendered so very miserable by the loss, that she may be said to have been neither happy nor well since the unfortunate event. The catamenia had been quite regular until February 25th, 1862; but this was the last day of their appearance.

At the commencement of the present year (1862), a small swelling, about the size of a hazel nut, was first discovered in the abdominal walls, just to the right of the umbilicus. There was no other symptom of disease appreciable to herself or her husband at this time. The growth gave rise to no annoyance until a few weeks ago, when it began to enlarge, and to be the seat of lancinating pains. Similar swellings, also, then commenced forming in other parts of the body.

On July 29th, at my first visit, I found her much reduced in flesh and strength. The appetite was good; but as she suffered much from indigestion and flatulence, she was afraid to eat, although the remedies prescribed by Dr. Thane had given much relief. The sleep at night was very disturbed. In the abdominal parietes, just to the right of the umbilicus, there was a well-defined tumour, about the size of a large walnut. Adjoining the lower part of the ensiform cartilage of the sternum, there was a more extensive mass, also seated in the abdominal wall. In the left groin there was likewise a flattened growth, about two inches and a half in diameter. On examining per vaginam, a very firm substance was discovered projecting into the canal; feeling as if it had its

origin from the lower part of the sacrum, though in reality it was entirely seated in the recto-vaginal septum. It was clear that this mass would soon block up the vagina, and Dr. Thane assured me that it had increased much in size during the last fortnight. As before mentioned, she was five months advanced in pregnancy; and both the uterine souffle and the foetal heart could be plainly distinguished. The liver was much enlarged; and this enlargement, combined with the size of the uterus, occasioned a wearying feeling of distension, as well as some dyspnoea.

Taking all the foregoing circumstances fairly into consideration, it seemed certain that the poor woman's comfort would be increased, even if her life were not prolonged, by inducing premature labour; a proceeding which did not appear contraindicated by any feeling for the child, as it was certain that a live infant could never be given birth to through the natural passages. The propriety of waiting, and ultimately effecting delivery by the Cæsarean section was discussed; but, for reasons which will afterwards appear, such a plan of treatment was regarded as not applicable in the present instance.

Consequently, on July 30th, the membranes were punctured, and about half a pint of liquor amnii withdrawn. On August 1st, labour pains, of fair severity, set in; and Dr. Thane remained with the patient during the night, expecting delivery. On the following afternoon, however, the os uteri was still very rigid; and as the patient was getting tired and exhausted, and, moreover, as the mass of cancer in the recto-vaginal septum reached to within almost an inch of the pubes, it was evident that nothing would be gained by further delay. I therefore slowly tried to dilate the os uteri, and this being partially effected, the foetus was broken up with a pair of forceps, and removed piecemeal. No difficulty was experienced with the placenta; the discharge of blood was very slight; no injury was done to the uterus or vaginal walls; and the poor woman was left in a tolerably comfortable condition.

For some few days she continued to progress favorably;

but on August 10th, a severe attack of diarrhœa set in, aphthæ formed on the tongue and gums, and for the first time in her life she became jaundiced. It would only be tedious to give an account of the way in which she daily lost ground. Suffice it to say, that matters gradually progressed from bad to worse, until the morning of August 26th, when death took place from exhaustion.

At the *autopsy*, fourteen hours afterwards, made by Dr. Thane and myself, the body was found greatly emaciated. In the abdominal parietes, to the right of the umbilicus, there was a deposit of firm medullary cancer, the size of a walnut; together with a larger growth just below the ensiform cartilage. These were separate tumours, and not infiltrations. The liver was enlarged to about three times its natural size, and studded with medullary masses, varying in size from a pea to a small orange. There were, likewise, several deposits of cancer in the great omentum, in the spleen, in the walls of the colon, and one large mass binding the sigmoid flexure of the colon to the tissues of the pelvis. In the pelvic cavity there was a separate deposit, extending chiefly down the recto-vaginal septum, and completely blocking up the vagina. The inguinal glands, on both sides, were enlarged and infiltrated with medullary cancer. The uterus, considering the time which had elapsed since delivery, was of its normal size and healthy.

At the apex of the left lung there was a slight deposit of tubercle, which had undergone calcareous degeneration; while at the same part of the right lung there were several small tubercles. The heart was healthy, but its walls were flabby. The kidneys were healthy.

In considering the foregoing particulars, there are two or three points which appear deserving of attention. And, first, this history confirms the general opinion, that the existence of cancer does not interfere with a woman's fertility; pregnancy occurring just as if she were in sound health. In this respect, however, the case is less remarkable than many instances which are recorded, where impreg-



nation has taken place in spite of the presence of ulcerated carcinoma of the cervix uteri.

In the second place the progress of the disease was rapid. It seems quite certain that in May, 1861, the patient was in good health. Mental disquietude (to which she, herself, attributed the malignant affection) did not in the beginning tell upon her system. It is probable that, when the first tumour was discovered, at the commencement of 1862, it had not long been present; and it may, therefore, be inferred that the disorder ran its whole course in less than nine months. The fact is worthy of note, moreover, that the medullary disease existed in various parts of the body in two forms, viz., as separable tumours, and as infiltrations; and that while the rate of growth was comparatively slow in the former, it was very quick in the latter. There are so very few cases of multiple cancer on record, that it is not possible to state the average duration of life in patients afflicted with it. In a very remarkable example, which was in University College Hospital, under the care of Dr. Walshe, in April, 1852, the disease ran its course in twelve weeks from the time of its first external manifestation.

Thirdly, it may fairly be asked whether it would not have been better to have allowed the pregnancy to have gone on without interruption; to have kept the patient alive, if possible, until the end of gestation; and then, on labour supervening, to have resorted to the Cæsarean section, so as to save the infant's life? In reply to this, it is to be urged, that having taken all the circumstances into consideration at the time, there appeared no sufficient reason for departing from that excellent rule of British midwifery, which prohibits the Cæsarean operation except in cases where delivery by other means is impossible. Now, here, the induction of premature labour, though it destroyed the offspring, afforded a safe mode of treatment for the mother. And then, owing to the enlarged state of the liver, it is very doubtful if the woman could have survived when the uterus had further increased in size. As it was, there were troublesome attacks

of dyspnœa; and the feeling of abdominal distension was in itself the cause of much suffering. The only physicians, as far as I know, who have successfully resorted to the Cæsarean section for the delivery of women afflicted with cancer of the uterus, are Dr. Oldham,<sup>1</sup> and Dr. James Edmunds;<sup>2</sup> and it is remarkable that these are almost the only instances which have occurred in this country of late years in which the operation has not proved fatal to the mother.

The history of these cases is so instructive, that it may be allowable to give an epitome of them here. The chief features in the patient of Dr. Oldham are these:—Sarah L—, ætat 28, was admitted into Guy's Hospital, under the care of Dr. Oldham, on June 4th, 1851. She had had five children, after favorable labours; the last, two years previously. At the time of her admission she was seven months advanced in her sixth pregnancy. She had suffered great pain, increased after quickening, in the uterus, loins, hips, and thighs; together with occasional hæmorrhages, and a discharge, sometimes thin and sanious, sometimes thick and yellow. The appetite was good, the pulse 80, and she was neither emaciated nor anæmic. On July 3rd, at 2 a.m., after labour had been on for some hours, Dr. Oldham made a careful examination; and found the vagina filled with a solid, lobulated structure, which resembled lumps of hardened mortar, and presented an insuperable difficulty to delivery. The diseased mass was full of deep clefts; one being more patent than the others, and allowing the finger to penetrate it to its full length. This was supposed to be the os uteri, but the presenting part of the fœtus could not be felt. It was, therefore, determined to resort to the Cæsarean section; and the operation was at once performed by Mr. Poland, while the patient was under the influence of chloroform. A strong female child, which was alive and did well, was extracted from the uterus. On August 11th, more than five weeks after the operation, the woman had recovered from her

<sup>1</sup> 'Guy's Hospital Reports,' Second Series, vol. vii, p. 426. London 1851.

<sup>2</sup> 'Lancet,' p. 4. London, 5th January, 1862.



labour, although the wound was not entirely healed. The original disease of course progressed, and proved fatal about six months after the operation.

With regard to Dr. Edmunds' patient, the principal facts are as follow :—Emma L—, æt. 38, of healthy family, was taken in labour with her third child on December 4th, 1860. Pregnancy had advanced to nearly the full term. Projecting into the vagina, was a hard, tuberculated mass, about two inches in diameter. It was superficially ulcerated. There was much difficulty in making out the os uteri; but after a persevering attempt the left index finger was passed through the mass, when the head could just be felt. After continuing nearly six days in labour, the uterine orifice still remained hard and unyielding; and as no part of it was found healthy or dilatable, abdominal hysterotomy was determined upon. The operation was performed in the usual manner, but the proceeding was complicated, owing to the placenta being wounded. Dr. Edmunds, however, rapidly cut through this organ, and then hooked out the two portions before withdrawing the child. The latter was living and healthy. On the fourth day afterwards there was severe general peritonitis and constant vomiting. Ice, and nothing else, was taken by the mouth; while beef tea and an anodyne were administered in enemata. On the sixth day the peritonitis subsided; and on the twelfth day the patient sat up for a few hours on the sofa. By the fourteenth day from operation she was convalescent; and from that time she gained strength rapidly, suckled the baby until its death on January 7th, 1861, and in all respects did remarkably well. Dr. Edmunds has since informed me that his patient died in the Cancer Hospital on 31st October, 1861; this event having been hastened by large and frequent hæmorrhages from the diseased uterus.

And, lastly, to return to the subject of this communication, there was one other line of practice open to us, and it was this:—To allow the pregnancy to continue, and to endeavour to lengthen the patient's life, so that death might be deferred until the fœtus was sufficiently advanced

in growth to be able to maintain a separate existence. Then, as soon as the poor woman succumbed, to open the abdomen and uterus, so as to remove the infant. The only argument against this proceeding was the fact, already alluded to, of the suffering increasing, *pari passu*, with the uterine development; and, therefore, though it is very probable that this practice might in some instances be available to save foetal life, yet it appeared cruel to resort to it in the case under observation. In short, the treatment had recourse to by Dr. Thane and myself, was based upon these two considerations:—that while it presented the best chance for the mother as regarded the prolongation of her life, it was clearly that which would ensure her the greatest amount of ease until death completely relieved her.